

STATE OF WEST VIRGINIA
ADJUTANT GENERAL'S DEPARTMENT
CHARLESTON, WEST VIRGINIA 25311-1085

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WV MILITARY REGULATION (Army)
NUMBER 37-27

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WV MILITARY REGULATION (Air)
NUMBER 65-1

FINANCIAL ADMINISTRATION

NATIONAL GUARD STATE ACTIVE DUTY-ADMINISTRATIVE PROCEDURES

Summary. This regulation establishes command and staff responsibilities, policies and administrative procedures for financial administration while conducting operations in a State Active Duty status by members of the West Virginia National Guard. When used with the State of West Virginia Agency Purchasing Procedures Manual and State of West Virginia Travel Guide, it constitutes the West Virginia National Guard's Financial Administrative Program for State Active Duty.


Applicability. This regulation applies to all units and activities of the West Virginia Army National Guard and the West Virginia Air National Guard and their members when ordered to State Duty by the Adjutant General.

Interim changes. Interim changes to this regulation are official only if the Chief of Staff, West Virginia Army National Guard, authenticates them. Users will destroy interim changes on their expiration dates unless sooner superseded or rescinded.

Suggested improvements. The proponent office of this regulation is the Chief of Staff, WVARNG. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) to CDR-STARC, ATTN: Chief of Staff, 1703 Coonskin Drive, Charleston, WV 25311. Air National Guard comments and suggested improvements will be forwarded through the appropriate Wing Commander and Headquarters, WVANG (ESSO).

Management Control System: This regulation is subject to the requirements of AR 11-2. Although it contains internal control provisions, it does not contain checklists for conducting internal control reviews. Commanders and STARC level staff must establish and evaluate management controls to ensure that both State and federal resources are properly utilized to support State Active Duty operations.

FOR THE GOVERNOR:


ALLEN E. TACKETT
Major General, WVARNG
The Adjutant General

DISTRIBUTION: "A" This regulation supersedes WVMR (Army) 37-27, (Air) 177-2, dated 5 March 1990

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Section I, Responsibilities - State Active Duty

1.1 General:

a. The employment of WVNG forces will be determined by the Governor in coordination with The Adjutant General or for minor emergencies based on information provided by the West Virginia Office of Emergency Services.

b. This regulation delegates authority to obligate State funds, within the limitations herein, to the commanders of those elements of the WVNG called to State Duty by The Adjutant General.

1.2 Responsibilities:

a. Commanders are responsible for ensuring that only those purchases and services authorized by this regulation are obtained and that proper administrative action is taken to ensure accurate and timely transmittal of the daily Active Duty Personnel Report, weekly State Active Duty Payroll, Travel Reimbursement Claims, AGO Form 60 and receipts.

b. Unit and detachment State of West Virginia Ordering Officers are responsible for ensuring that all guidelines established by the State of West Virginia Agency Purchasing Procedures Manual are strictly complied with.

c. The Deputy Chief of Staff for Personnel (ARNG) is responsible for pay and allowances associated with State Active Duty.

d. The Deputy Chief of Staff for Operations (ARNG) is responsible for authorizing all services and local purchases and coordinating payment to vendors associated with State Active Duty.

e. The Deputy Chief of Staff for Logistics (ARNG) is responsible for establishing a Basic Daily Food Allowance (BDFA) based on operational requirements for each State Active Duty operation.

f. The United States Property and Fiscal Officer is responsible for providing support for Class II, IV (limited), V and VII. See Chapter 4, Part I, USPFO-SOP for procedures.

Section II, Payroll and Personnel Reporting - State Active Duty

2.1 General:

a. Chapter 15 of the West Virginia Code directs that "[members] of the National Guard in active service of the State shall receive the same pay and allowances...as are prescribed for the Armed Forces of the United States: Provided, That no member of the National Guard shall receive base pay of less than seventy-five dollars per day while...in active service of the State." This means members of the West Virginia National Guard receive the same pay and allowances in a State Active Duty status as during federal service, with a minimum base pay of seventy five dollars.

b. West Virginia Military Regulation (WVMR) (Army) 37-27 (Air) 65-1 implements the West Virginia Code relating to pay and allowances for State Active Duty. The Department of Defense Financial Management Regulation determines pay and allowances for members in a State Active Duty Status. State travel rules are used to determine travel pay authorizations.

2.2 Automated Daily Active Duty Personnel Report:

a. The automated daily State Active Duty Personnel Report, which has been provided to Army group and brigade headquarters and Headquarters, West Virginia Air National Guard, will be completed every duty day and forwarded either by e-mail or on 3.5 inch floppy disk to this headquarters, ATTN: WVAR-PA. The report is "user friendly" and prompts the user through the report process. In addition to the data base, the report's products at the Adjutant General's Department level include:

(1) Personnel Strength Reports: These reports are used to track our soldiers' missions and support fund expenditures by FEMA. These reports are used to support FEMA audits for reimbursement.

(2) State Active Duty Orders: State Active Duty orders are generated for each member who enters State Active Duty. Normally these orders are published at the end of the State Active Duty period and will be distributed electronically. There is no requirement to post these orders to individual Military Personnel Records Jackets (MPRJ) for Army personnel. Headquarters, West Virginia Air National Guard is responsible for the publishing of Air Guard orders. State Active Duty orders are used to document technician law enforcement leave. Also, they have been requested by the technician union. Orders are not published until after the period of State Active Duty has ended. State Active Duty orders will be published and distributed by e-mail. State Active Duty orders will not be filed in the ARNG members' "State" file. For Air National Guard (ANG) members, a copy of all state active duty orders will be filed in the State Personnel Record (SPR).

(3) State Active Duty Award Orders:

(a) Army National Guard: State awards will be posted to the DA Form 2-1 by the records custodian. Orders announcing State Active Duty service awards are not required by

WVMR 672-5 and will not be published. The records custodian will update SIDPERS awards information by submitting a roster of unit members receiving the award on a DA Form 4187. Remember, these awards may have an impact on the individual's STPA score. Individual awards may be requested from the DCSPER.

(b) Air National Guard: Orders announcing State Active Duty awards will be published by Headquarters, West Virginia Air National Guard as necessary.

(4) Weekly State Active Duty Payroll: The weekly State Active Duty payroll is produced from the daily report.

(5) Travel Reimbursement Claims: The State Active Duty payroll program will not generate travel pay requests or claims. If a unit member has been unable to subsist in a government dining facility he or she may claim subsistence or travel reimbursement by filing a State of West Virginia Travel Expense Account Settlement. Personnel may be entitled to a subsistence allowance depending upon the situation. State of West Virginia Travel Rules for State Active Duty are published in Section V of this regulation.

(6) Government Meals: When determining if a unit member is authorized reimbursement for meals, remember that government meals are just that; government meals. Meals that may be available by way of the a local feeding kitchen not under the control of the West Virginia National Guard are not government meals.

b. Reporting mission and purpose:

(1) When completing the unit's daily personnel report, enter the mission number issued by either the Emergency Operations Center (EOC) or from the headquarters in the "Mission" section of the report. Ensure this is accurate since it is used by Federal Emergency Management Agency (FEMA) for audit purposes.

(2) Purpose for the operation will indicate what activity the operation is in support of. As an example, it may be either "Flood Recovery - March 1997" for units in the field supporting flood recovery operations or "Maintenance for Flood Recovery - March 1997" once we begin equipment maintenance after the recovery operation is completed. The entry for this field will be announced in a State Active Duty Personnel Bulletin.

2.3 Payroll:

a. Specific operating procedures for the personnel report program are issued separately. Contact WVAR-PA for technical support regarding the program.

b. During extended periods of State Active Duty, pay periods are from Wednesday to Tuesday weekly, regardless of the first day of State Active Duty. Final personnel reports will be forwarded the last day of State Active Duty operations. Personnel may expect check payment ten days after the end of the pay period.

c. Process for payroll preparation:

(1) Battalion S1 or ANG unit commanders will print a roster listing all unit members ordered to State Active Duty. The roster will include the member's name, rank, PEBD, complete mailing address and marital status, with or without dependents.

(2) Personnel will review the information on the roster and sign it, verifying accuracy. The unit commander will also review and sign the roster, to verify duty status.

(3) Changes to the SIDPERS data base must be submitted without delay to preclude checks being inaccurate or mailed to an incorrect address, since the State Active Duty payroll uses the SIDPERS data base. Air National Guard personnel must insure that the home address reflected in the Advanced Personnel Data System (APDS) is current for check mailing purposes.

(4) The Battalion S1 will complete the daily personnel report using the automated personnel report program and forward the report through command channels to AGD-WV, ATTN: WVAR-PA.

(5) Each headquarters receiving a daily report will consolidate subordinate unit reports and forward the consolidated report through the next headquarters to AGD-WV, ATTN: WVAR-PA.

(6) Reports will be consolidated at AGD-WV and used to generate State Active Duty orders, personnel reports and the payroll.

(7) The payroll will be forwarded to the Governor's Budget Office NLT Thursday each week during extended State Active Duty operations for processing. Normally, the last State Active Duty payroll for a member will be processed upon receipt of the final daily personnel report on which the member appears.

(8) Payroll checks will be mailed from the State of West Virginia Treasury Office to the members' home of record shown in the personnel data base. If SIDPERS/APDS is not kept current pay checks will be mailed to a location other than the members' home of record. **The importance of keeping the SIDPERS/APDS data base current cannot be over stated.**

(9) Units will be provided a copy of the payroll document submitted to the Governor's Budget Office for payment by AGD-WV. It is the unit commander's responsibility to review the payroll document and ensure its accuracy. Errors detected in pay documents must be submitted to WVAR-PA.

2.4 Basic Allowance for Subsistence:

a. Commanders conducting State Active Duty operations may elect one or any combination of methods to provide subsistence. See Section III for subsistence options.

b. Basic Allowances for Subsistence (BAS) is computed in accordance with DOD Pay Manual.

c. Although the commander may utilize any combination of options to provide subsistence, no unit may be provided subsistence by more than one method per meal. As an example, if restaurant charges are authorized for a unit, then BAS cannot be paid for that day.

d. Individual soldiers who are on duty in a location apart from the unit are entitled to travel expenses to include meals, if a travel order has been issued. See paragraph 2-2.

2.5 Travel Authorization:

a. Personnel performing duty away from the parent unit or detachment for periods greater than 12 hours are considered to be in a travel status.

b. Review State of West Virginia Travel Rules for documentation required and entitlements authorized. See Figure 1, State of West Virginia Travel Authorization. This is a three part State Form that cannot be reproduced locally. The commander of the operation may be the travel authorization authority. For travel involving the STARC Headquarters, the Chief of Staff serves as the travel authorization authority.

c. State of West Virginia Travel Expense Account Settlement voucher for State Active Duty will be submitted to TAG-WV, ATTN.: WVAR-PA for processing within seven working days of the completion of travel. (See Figure 2)

2.6 Lodging : See State of West Virginia Travel Rules.

2.7 Limitations: Limitations for allowances will be announced in State Active Duty Bulletins for each period of State Active Duty.

2.8 Sick or Injured Personnel - State Duty:

a. The primary source for medical support during SD operations is civilian medical facilities. All personnel ordered to SD are covered by the West Virginia Worker's Compensation Fund (WC) which is a insurance policy provided by the State that covers all medical bills and disability for SD related injury.

b. Procedures for obtaining civilian medical treatment and/or disability payment for SD related injury are:

(1) Except in an emergency, personnel will request authorization from the unit before seeking civilian medical treatment.

(2) The individual injured or the unit commander's representative will complete and sign Section I of WC Form 123 and have the attending physician complete and sign Section II of the same form. All hospitals and doctors' offices should have a supply of WC Form 123 on hand.

(3) The attending physician retains the gold copy.

(4) The commander or his representative signs between Section II and III of WC Form 123 acknowledging receipt. The injured individual retains the pink copy for his records to show receipt by the unit.

(5) The unit retains the yellow copy and forwards the white copy of WC Form 123 to TAG-WV, ATTN: WVAR-PA-LOD, as soon as possible.

(6) TAG-WV will complete Section III and forward to WC.

(7) If disability pay is due and has not been received within 14 days from the date WC Form 123 was acknowledged by the unit commander or his representative, the individual should inform the commander. The unit commander will notify TAG-WV, ATTN.: WAR-PA-LOD by telephone and follow-up letter that disability pay has not been received.

c. Itemized Invoice Form HCFA 1500 or UB92 for illness or injury incurred in state duty status will be forwarded to TAG-WV, ATTN: WVAR-PA-LOD. LOD will be processed in accordance with paragraph d(4), (5), (6), e and f.

d. Commanders will ensure:

(1) All personnel are aware of their responsibilities outlined above, by including information in Appendix A, NGR 40-501 in the commander's pre-operation briefing.

(2) WC Form 123, Sections I and II are completed expeditiously. If possible, a unit member will accompany the injured individual and initiate the form on the spot to preclude lost time in locating the attending physician.

(3) WC Form 123 is forwarded directly to TAG-WV, ATTN: WVAR-PA-LOD, as soon as possible. Forms should be received in most cases within 48 hours of unit being informed of injury.

(4) DA Forms 2173 (LOD) and 2823 (Sworn Statement) are initiated for any injury requiring civilian medical attention and forwarded through channels to TAG-WV, WVAR-PA-LOD.

(5) If disability payments are due and not received within 14 days, TAG-WV is notified by telephone, with a follow-up letter, ATTN: WVAR-PA-LOD.

(6) The injured/disabled member's progress is monitored and TAG-WV is notified in writing (ATTN: WVAR-PA-LOD) concerning any problems the member may have, if the member is fulfilling his responsibilities, and when the member is no longer disabled and/or eligible for WV paid treatment.

e. Military Medical Treatment. If aid is available from WVNG medical personnel, the commander will ensure that any injury which may require civilian medical attention is documented as required by para d(2), (3) and (4) above.

f. Ambulance Service. Obtain original invoice and attach to AGO Form 60, stating individual's name and unit. Forward to TAG-WV, ATTN: WVAR-PA-LOD.

g. LOD Control Number: A line of duty (LOD) control number must be obtained for all injuries and illnesses resulting from State Active Duty. Just as in federal status, entitlement to medical care and allowances is determined by a line of duty investigation. Simply being in a duty status does not automatically entitle a soldier to medical care, pay and allowances.

2.9 Lost or Stolen State Pay Check:

a. Personnel will provide a Notarized Statement to TAG-WV, WVAR-PA-O in all instances regarding a lost or stolen check.

b. Minimum information required is payee SSN, date of check and amount if available and circumstances involving the loss.

c. WVAR-PA-O will notify the Governor's Office of the loss and request that a new check be issued to the individual(s) concerned.

Section III, Services and Local Purchases, State Active Duty

3.1 General:

a. Procurement of services and local purchases required to support State Active Duty will be accomplished in accordance with The State of West Virginia Agency Purchasing Procedures Manual. The Agency Purchasing Procedures Manual is for reference purposes only. It is not to be construed as a complete or final determination of any purchasing matter and may be amended or changed at any time at the discretion of the State of West Virginia Purchasing Director to ensure compliance with the laws, rules and policies of the Purchasing Division and the State of West Virginia.

b. The State of West Virginia Credit Card will be the primary method for processing services and completing local purchases to support State Active Duty when the cost of a single purchase does not exceed \$500.

c. When a vendor does not accept The State of West Virginia Credit Card or the purchase exceeds \$500, AGO Form 60 will be utilized for billing.

d. With the exception of the following services, when the cost of purchase is less than \$500, each purchase requires prior approval of the DCSOPS or his representative, regardless of total purchase price.

- (1) Subsistence
- (2) Routine Medical Services
- (3) POL
- (4) Repair Parts

e. **State tax exemption number 55-600-0780-001** will be furnished to each vendor by the purchasing unit so that State taxes will not be included in billing statement.

3.2 Purchasing Procedures – State of West Virginia Credit Card:

a. The State of West Virginia Credit Card will be utilized as the preferred method of payment for services and local purchases when the cost of a single purchase does not exceed \$500.

b. The following services may be purchased by use of State of West Virginia Credit Card:

- (1) Subsistence
- (2) Routine Medical Services
- (3) POL
- (4) Repair Parts
- (5) Construction Materials
- (6) Lodging
- (7) Mission Unique Items

c. The Brigade, Group or Battalion S4/PBO or other designated full time unit logistical personnel will be trained and appointed by the West Virginia Purchasing Division, Department of Administration, as the State Active Duty Ordering Officer for the unit.

(1) Commanders will ensure that as Ordering Officers are transferred or otherwise depart their assigned unit, a new Ordering Officer will be trained and appointed.

(2) Commanders will coordinate training and appointment of Ordering Officers through TAG-WV, ATTN: WVAR-PO-P.

(3) Ordering Officers will comply with State of West Virginia Credit Card guidelines published by Purchasing Division, Department of Administration.

3.3 Purchasing Procedures – AGO Form 60:

a. AGO Form 60 will be utilized as the alternate method of payment for services and local purchases when the vendor will not accept State of West Virginia Credit Card, or the cost of a single purchase exceeds \$500. (See Figure 3)

b. Ordering Officers will ensure that the vendor submits the original receipt of a purchased item.

(1) The Auditor's Office, State of West Virginia, will not process or pay vendors submitting AGO Form 60 that does not include an original receipt.

(2) All signatures must be legible and completed in BLUE INK ONLY.

c. A Purchase Authority Number must be obtained from DCSOPS for all services and local purchases, with the exceptions noted in paragraph 3-1d.

d. If the vendor cannot provide an original itemized invoice or ticket, then the Ordering Officer will utilize AGO Form 60-1. (See Figure 4)

e. Ordering Officer will forward AGO Form 60 and supporting documentation to TAG-WV, ATTN: WVAR-PO-P, not later than seven working days from date of purchase.

3.4 Subsistence:

a. The primary method for providing subsistence is preparing Class A rations or providing Government provided meals such as Meals Ready to Eat (MRE).

(1) Total expenditure for meal preparation of Class A raw subsistence may not exceed the current Basic Daily Food Allowance (BDFEA), without prior approval of the DCSLOG. The WVARNG 12 day menu will be used as a guide to assist in determining menu selection and quantity of food required for purchase.

(2) Arrangements will be made with the vendor to return any excess, non-perishable rations for credit.

(3) Personnel will not be charged for meals.

b. When operating mess facilities is not practical, commercially prepared meals provided by

a restaurant may be authorized by the commander.

(1) The unit member must print their name, unit designation and provide their signature on the back of the original meal ticket for each meal consumed. Each period of ration or restaurant purchase must be accompanied by AGO Form 60, executed by the vendor and Ordering Officer if the vendor does not accept the State of West Virginia Credit Card.

(2) Each period of ration or restaurant purchase must be itemized on an original vendor invoice. If the vendor cannot provide an itemized invoice, then AGO Form 60-1 will be utilized and signed by the Ordering Officer making the purchase.

c. Billing period for restaurant or ration purchases will not be extended beyond seven days to facilitate prompt payment to vendors.

3.5 POL:

a. Procurement of POL will be accomplished in the following priority:

(1) State Department of Highway (SDH) Garages. State Department of Highways Credit Cards will be used for the purchase of fuel. The following agency number will be annotated on all SDG fuel purchase tickets: **GL5400R**

(2) State of West Virginia Credit Card at commercial vending station. Print "STATE DUTY" and unit designation on the ticket.

(3) Bulk fuel purchases.

(4) Wright Express Credit Card. May be authorized in emergency situations only, based upon prior approval of the USPFO for West Virginia. Print "STATE DUTY" and unit designation on the ticket.

b. US Government Credit Card may be utilized for purchase of aviation fuel. Print "STATE DUTY" and unit designation on the ticket.

3.6 Services. Types of services normally authorized for State Active Duty:

a. Laundry/Dry Cleaning. Except for cook's whites and for specific types of SD where personnel are required to operate for extended periods away from their home station, laundry and dry cleaning expenses are the individual's responsibility. When the service is authorized, the bill must be itemized (individual tickets, itemized invoice or AGO Form 60-1) and attached to AGO Form 60 executed by vendor and receiver. (Figures 3 and 4)

b. Telephone.

(1) When using existing telephones, a log of SD calls (including date, person calling, party called, reason) will be maintained. Upon receipt of statement that includes these calls, line out all non-SD related entries on one copy, total SD calls and forward to TAG-WV, ATTN: WVAR-PO-P. AGO Form 60 is not required for telephone billing.

(2) Additional telephone lines or cellular telephone service must be submitted to the DCSOPS for approval and be coordinated by the DOIM.

(3) Address all requests for additional telephone services and billing statements to:

TAG-WV, State Duty
ATTN: WVAR-PO-P
1740 Coonskin Drive
Charleston, WV 25311

(4) Request the installing telephone company provide an original and four copies of the billing statement and submit the original and three copies to TAG-WV, ATTN: WVAR-PO-P for payment.

c. Emergency Repair of Equipment and Repair Parts.

(1) Obtain original itemized invoice from vendor, identify on invoice item of equipment for which repair and/or part was required and submit with AGO Form 60 for payment to TAG-WV, ATTN: WVAR-PO-P.

3.7 USPFO Federal Reimbursement:

a. The USPFO for West Virginia will submit a request to the State of West Virginia for reimbursement to the federal government for all services and expenses incurred during periods of State Active Duty.

b. Separate invoices are required for fuel, turnpike fees and other charges which are reimbursable to the federal government. Substantiating documentation must be attached to support reimbursements being claimed.

c. Request for reimbursement will be forwarded to TAG-WV. ATTN: WVAR-PO-P.



STATE OF WEST VIRGINIA TRAVEL EXPENSE ACCOUNT SETTLEMENT

Name:		Title:	FIMS Vendor No:
Address:			Social Security No: _____ - _____ - _____
City/State/Zip:		Headquarters:	Normal Work Hours: _____ to _____
Department:	Division:	Section:	
Purpose of Travel:			

DATE	TIME	CITY/STATE	MILES	AMOUNT	AIR	CAR RENTAL	MEALS	LODGING	OTHER	TOTAL
		From								
		To								
TOTAL										

AGENCY ACCOUNTING INFORMATION						Less Cash Advance (WWFIMS ID# _____)
Fund	Area	Org	Object	Sub Obj	Amount	<input type="checkbox"/> Due Employee <input type="checkbox"/> Due State

Traveler must attach copies of direct billed receipts or invoices, i.e., airline, registration, lodging, etc.

OTHER EXPENSES		
DATE	ITEMS	AMOUNT

EXPENSES DIRECT BILLED TO THE STATE	
DATE	ITEM AND VENDOR

I certify that these costs incurred were in connection with my assigned duties, are true, accurate and actual, and do not reflect any costs or expenses reimbursed or to be reimbursed from any other source

Traveler's Signature _____
Date

Approval Supervisor/Department Head _____
Date

I certify that I have personally examined and approved this Travel Expense Account Settlement. The terms of expense are reasonable and correspond to the assigned duties of the traveler. The terms of expense further meet all State of West Virginia Travel Regulations and are within the budget of this spending unit

Approval Agency Head/Designee _____
Date

FIGURE 2

Instructions For AGO Form 60

1. The top three lines will state the Vendor's Name and address or who the check is to be made out to.
2. State requires the vendor's FEIN number for their accounting system.
3. An itemized listing of supplies purchased will be placed in the "Description Of Articles Or Work" section of this form.
4. This form must be signed by a vendor's representative and by the Purchasing Agent of the National Guard.
5. State of West Virginia requires the original receipt of a purchased item. The Auditor's office will not pay an AGO Form 60 that does not have an original receipt. If an original receipt is not furnished this will delay the payment of an invoice until an original receipt can be obtained.
6. If there are any questions regarding the purchase or payment of this bill, they may call (304) 341-6413.

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SECTION I	GENERAL
SECTION II	PAYROLL - STATE DUTY
SECTION III	SUBSISTENCE
SECTION IV	SERVICES - LOCAL PURCHASES
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SECTION VIII	REPORTS
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SECTION X	LOST OR STOLEN STATE DUTY PAY CHECK

OFFICE OF WEST VIRGINIA
SECRETARY OF STATE

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SECTION I

GENERAL

1. Purpose. This publication prescribes the standard policies and procedures for processing records and reports of West Virginia National Guard (WVNG) personnel ordered to State Duty (SD) by The Adjutant General, State of West Virginia (TAG-WV).

2. Applicability. This publication applies to all elements of the West Virginia Army National Guard (WVARNG) and the West Virginia Air National Guard (WVANG) and their members when ordered to SD by TAG-WV.

3. Authorization. This publication delegates authority to obligate state funds, within the limitation herein, to the commanders of those elements of the WVNG called to SD by TAG-WV.

4. Responsibilities. Commanders are responsible that only those purchases and services authorized by this regulation are obtained and that proper administrative action is taken to ensure timely transmittal of appropriate reports, forms and receipts to TAG-WV, ATTN: WVAR-PO-P, to include, but not limited to:

a. SD Payroll - Section II.

b. SD Fuel Report - Section VI.

c. SD Purchases. Each purchase will include:

(1) AGO Form 60 (Fig 1).

(2) Itemized invoice or ticket. If vendor cannot provide itemized account, then unit will utilize AGO Form 60-1 (Fig 2).

d. After Action Report - Section VIII.

5. Class V Supply. Class V supplies required to Support the WVNG Civil Disturbance Plan (WVNG-CDP) will be controlled by the following references:

a. Basic Load. See Annex J to WVNG-CDP.

b. Administrative Instructions. See Chapter 4, Part F, USPFO-SOP.

6. Safety and Insurance Coverage.

a. Administrative. See WVMR 385-10 for safety standards and accident reporting.

b. WVNG members are covered by workers compensation while on SD.

SECTION II

PAYROLL - STATE DUTY

7. **General.** Entries shown herein apply to all SD payrolls.

8. **Preparation.** Payroll Form, AGO Form 2139 (Fig 3) will be prepared in duplicate; original forwarded to TAG-WV, ATTN: WVAR-PO-P, and one copy retained by unit for two (2) years. See Fig 4 for pay and allowance rates.

9. Guidelines for Payroll.

a. For extended periods of SD, payrolls will be initiated every seven (7) days to minimize turn-around time and inconvenience of the personnel activated.

b. Commanders are to scrutinize payrolls to ensure that the periods of duty properly support the number of days claimed. This will require some judgement on the part of the commander. Generally, where sufficient relief is available to the commander, an individual will be called to duty for a period of eight (8) hours. Of course, shorter periods of duty qualify when properly authorized, such as delivery of a water trailer or a MEDEVAC. The short periods of duty that span two (2) calendar days are normally the ones in question. For example, an individual called to state active duty at 2000 hours and released at 0200 the next morning is only authorized one (1) day 's state active duty pay.

SECTION III

SUBSISTENCE

10. **General.** The commander of a state duty operation may elect one or any combination of the methods below to provide subsistence. Restrictions for each are noted below:

a. Pay individual subsistence rate indicated in Fig 4. This option will be the normal method when personnel live within commuting distance and for one (1) day events such as moving water trailers. No prior approval from TAG-WV is required for this option.

b. Operate mess facilities. Obligating funds to purchase rations requires prior approval of TAG-WV. Total expenditures may not exceed the current Basic Daily Food Allowance without approval of TAG-WV. The Reserve Component 14-day menu will be used as a guide to assist in determination of menus and quantities of food required. Arrangements will be made to return any excess, nonperishable, rations to vendor for credit on SD bill. Personnel on SD will not be charged for meals.

c. Restaurant charges. Prior approval of TAG-WV is

required for charging meals at a restaurant. Expenditures may not exceed \$25.00 per day per individual.

d. Individual meal tickets will be consolidated, totaled and transmitted with AGO Form 60 to TAG-WV ATTN: WVAR-PO-P. The face of the meal ticket will show type of meal and reverse side will show individual's name (Printed Legibly), signed, date, and unit of assignment.

e. Subsistence during travel on SD - See Section V.

11. Billing Instructions.

a. Although the commander may utilize any combination of the above options, no individual may be provided subsistence by more than one method per meal. Example: If restaurant charges are authorized for an individual for one meal, then subsistence rate cannot be paid to the individual for that day.

NOTE: "Period" in b and c below refers to billing period agreed to by the vendor and commander. For restaurant purchase, it may be each meal or days meals but will not extend beyond 7 days to facilitate prompt payment. This also holds true for ration purchases.

b. Each period of ration or restaurant purchase must be accompanied by AGO Form 60, executed by the vendor and commander or his representative (Fig 1).

c. Each period of ration or restaurant purchase must be itemized on an original vendor invoice. If the vendor cannot provide an itemized invoice, then AGO Form 60-1 (Figure 2) will be utilized and signed by the receiver making the purchase.

d. Invoices should be billed to:

TAG-WV, State Duty
ATTN: WVAR-PO-P
1701 Coonskin Drive
Charleston, WV 25311-1085

e. The unit will provide the vendor with state tax exemption number 55-600-0780-001 so the vendor can delete the state taxes from his invoice.

SECTION IV

SERVICES - LOCAL PURCHASES

12. **General.** No funds will be obligated for services without prior approval of TAG-WV or the designated representative. In addition, state tax exemption number 55-600-0780-001 will be furnished to each vendor by the purchasing unit so that state taxes will not be included in statement.

13. Services. Types of services normally associated with SD:

a. Laundry/Dry Cleaning. Except for cook's whites and for specific types of SD where personnel are required to operate for extended periods away from their home station, laundry and dry cleaning expenses are the individual's responsibility. When the service is authorized, the bill must be itemized (individual tickets, itemized invoice or AGO Form 60-1) and attached AGO Form 60 executed by vendor and receiver (Figs 1 and 2).

b. Lodging.

(1) When commercial lodging is authorized by TAG-WV, receipts must include date(s) of lodging, room number and names(s) of personnel utilizing rooms. Forward statement with AGO Form 60 executed by vendor and receiver to TAG-WV, ATTN: WVAR-PO-P.

(2) Lodging while traveling on SD - See Section V.

c. Medical Treatment. See Section VII.

d. Telephone.

(1) When using existing telephones, a log of SD calls (including date, person calling, party called, reason) will be maintained. Upon receipt of statement that includes these calls, line out all non-SD related entries on one copy, total SD calls and forwards to TAG-WV, ATTN: WVAR-PO-P. AGO Form 60 is not required for telephone bill.

(2) Additional telephones must be authorized by TAG-WV. Have the statements addressed to:

TAG-WV, State Duty
c/o (Unit installing phone)
(Address of Unit installing phone)

Request from the installing telephone company an original and 4 copies of its statement and submit original and 3 copies to TAG-WV, ATTN: WVAR-PO-P for payment.

e. Emergency Repair of Equipment and Repair Parts. Obtain original itemized invoice from vendor, identify on invoice item of equipment for which repair and/or part was required and submit with AGO Form 60 for payment to this TAG-WV, ATTN: WVAR-PO-P.

SECTION V

TRAVEL - STATE DUTY

14. In-State Travel on State Duty. When an individual member is required to travel in conjunction with his/her period of duty, the member will submit an original and 4

copies of WV-6, In-State Travel Expense Account (Fig 5), with original paid room receipt(s), if applicable.

15 Limitations.

a. Cost claimed for meals will be limited to the actual cost and reimbursement will not exceed \$25.00 per day (See Fig 5, Instructions).

b. Lodging will not be charged to the State of West Virginia or The Adjutant General. Statement must be billed to individual submitting WV Form 6 (Fig 5).

SECTION VI

POL - STATE DUTY

16 Source. Sources of POL for SD will be sought in the following order:

a. State Department of Highways (SDH) garages. These will be utilized whenever possible. State Department of Highways credit cards will be used for the purchase of fuel.

b. National Credit Card (NCC). To be utilized in emergency situations only and must be authorized by the unit commander.

(1) Print "STATE DUTY" and unit designation (Example: "A/1092d") on ticket.

(2) The receiver will sign the ticket and enter social security number above signature.

c. Bulk fuel purchase. Bulk fuel purchases will be requested from TAG-WV.

17. Report POL.

a. SDH. Forward AGO Form 108 (Fig 6) with delivery tickets to TAG-WV, ATTN: WVAR-PO-P.

b. NCC. Forward AGO Form 108 (Fig 6) and delivery tickets to OUSPFO-WV and a copy of AGO Form 108 to TAG-WV, ATTN: WVAR-PO-P.

c. Reports in a and b above will be submitted for each period of SD operation and include event and location (Fig 6).

d. AVFUEL purchased with US Government Credit Cards will be reported using AGO Form 358-2R (Fig 7).

e. Forward 1 copy of AGO Form 358-2R to USPFO-WV and one copy to TAG-WV, ATTN: WVAR-PO-P.

f. The USPFO for West Virginia will submit to this office

ATTN: WVAR-PO-P a request for reimbursement to the Federal Government for all expenses incurred during the state duty emergency. Separate invoices are required for fuel, turnpike fees and other charges which are reimbursable to the Federal Government. Substantiating documents must be attached to support reimbursements being claimed on each invoice.

SECTION VII

SICK OR INJURED PERSONNEL - STATE DUTY

18. General. The primary source for medical support during SD operations is civilian medical facilities. All personnel ordered to SD are covered by the West Virginia Workmen's Compensation Fund (WC) which is an insurance policy provided by the State that covers all medical bills and disability for SD related injury.

19 Procedures.

a. Procedure for obtaining civilian medical treatment and / or disability payment for SD related injury is:

(1) Except in an emergency, personnel will request authorization of the unit commander before seeking civilian medical treatment.

(2) The individual injured or the unit commander's representative will complete and sign Section I of WC Form 123 (Fig 8) and have the attending physician complete and sign Section II of the same form. All hospitals and doctors' offices should have a supply of WC Form 123 on hand.

(3) The attending physician retains the gold copy.

(4) The commander or his representative signs between Section II and III of WC Form 123 acknowledging receipt. The injured individual retains the pink copy for his records to show receipt by the unit.

(5) The unit retains the yellow copy and forwards the white copy of WC Form 123 to TAG-WV, ATTN: WVAR-PO-P, as soon as possible.

(6) TAG-WV will complete Section III and forward to WC.

(7) If disability pay is due and not received within fourteen (14) days from the date receipt of WC Form 123 was acknowledged by unit commander or his representative, the individual should inform the commander who in turn will notify TAG-WV, ATTN: WVAR-PO-P by telephone and follow-up letter.

b. Itemized invoice(s) for illness incurred in state duty status and is determined to be in Line of Duty (LOD) will be

forwarded to TAG-WV, ATTN: WVAR-PO-P. LOD will be processed in accordance with paragraph c(4),(5),(6),d, and e, below. (Authority WV Code 15-1B-18).

c. Commanders will ensure:

(1) That all personnel are aware of their responsibilities outlined above by posting WV Notice on unit bulletin board and by including above information in the commander's pre-operation briefing. Copy of WV Notice may be obtained from this TAG-WV: WVAR-PO-P.

(2) That WC Form 123, Sections I and II are completed expeditiously. If possible, someone will accompany the injured individual and initiate the form on the spot to preclude lost time in locating the attending physician.

(3) The WC Form 123 is forwarded directly to TAG-WV, ATTN: WVAR-PO-P, as soon as possible. (Forms should be received in most cases within 48 hours of unit being informed of injury.)

(4) That DA Forms 2173 (LOD) and 2823 (Sworn Statement) are initiated for any injury requiring civilian medical attention and forwarded through channels to TAG-WV, ATTN: WVAR-PO-P.

(5) That, if disability payments are due and not received within 14 days, TAG-WV is notified by telephone, with a follow-up letter, ATTN: WVAR-PO-P.

(6) That the injured/disabled member's progress is monitored and TAG-WV is notified in writing (ATTN: WVAR-PO-P) concerning any problems the member may have, if the member is fulfilling his responsibilities, and when the member is no longer disabled and/or eligible for WV paid treatment.

d. Military Medical Treatment. If aid is available from WVNG medical personnel, the commander will ensure that any injury which may require civilian medical attention is documented as required by para 19b(2), (3) and (4) above.

e. Ambulance Service. Obtain original invoice and attach to AGO Form 60 stating individual's name and unit. Forward to TAG-WV, ATTN: WVAR-PO-P.

SECTION VIII

Reports

20. General. The following forms and reports are to be submitted to TAG-WV, ATTN: WVAR- PO-P, in conjunction with each SD event where applicable. Each SD event will require at least an After Action Report.

21. Reports

<u>SITUATION</u>	<u>REPORT/FORM REQUIRED</u>	<u>FORMAT</u>	<u>REMARKS</u>
SD Event	After Action Report	Fig 9 or 10	See para 3, Section VIII
SD Payroll	AGO Form 2139	Fig 3	Section II
SD Fuel	AGO Form 108	Fig 6	Section VI
SD Services	AGO Form 60	Fig 1	Required for every commercially purchased service except telephone Section I
	AGO Form 60-1	Fig 2	This is required if vendor cannot supply itemized statement Sec I, para 4
Medical Treatment:			
Military	DA Form 2173 & DA Form 2823		If LOD is required Sec VII
Civilian	DA Form 2173, DA Form 2823 and WC Form 123	Fig 8	LOD is required for every incident which may involve Workmen's Compensation Sec VII
Emergency Medical Evacuation	per WVNG MEDEVAC PLAN plus AGO Form 108 (copy) AGO Form 358-2R and AGO Form 2139	Fig 6 Fig 7 Fig 3	See para 4, MEDEVAC Plan See para 16-17, Sec VI

22. After Action Report. The format in Fig 9 is the minimum information required for every SD event, except MEDEVAC events, involving 25 or less personnel per day and not involving hazardous materials or terrorists activities. For SD events larger than 25 personnel per day involving hazardous materials or terrorist activity, use format in Fig 10.

23. Emergency Medical Evacuations. In addition to the certificates/forms found at enclosure 1 through 4 WVNG MEDEVAC PLAN, dtd 1 August 1992. MEDEVAC Event Reports will be forwarded to TAG-WV, ATTN: WVAR-PO-P and will include:

- a. Log of activities, flight times, mandays (divided into SD and IDT status), reason for flight (Example: emergency evacuation of premature infant), and repair parts.
- b. SD payroll on AGO Form 2139 (Fig 3).
- c. Copy of AGO Form 358-2R (Fuel Report) that is forwarded to OUSPFO-WV if federal fuel sources are used or AGO Form 108 and delivery tickets if state sources are

used (Fig 7).

24. Other Use of Aviation Assets. If WVNG aviation assets are used on SD, the aviation commander will include a log to the After Action Report or as a separate report and ensure that the fuel report is forwarded per paragraph 17, Section VI.

SECTION IX

EARNINGS STATEMENT - STATE DUTY PAY

25. The unit commander of personnel who have been paid for SD is responsible for furnishing those personnel a yearly earnings statement to include all state pay received annually. A paid copy of each unit's SD payroll is furnished the commander for this purpose. The sample format below will be used for this purpose with only the basic pay and specialty pay reported. Quarters allowance and subsistence are not taxable income.

(Unit)

(Date)

SUBJECT: Annual State Earnings Statement 19__

(Individual Concerned)

Paid copies of State Duty Payrolls on file in this unit verify the following:

State Duty received 1 Jan ____ thru 31 Dec ____: \$_____

(Commander's Signature)

SECTION X

Lost or Stolen State Pay Check


26. Precedures

a. The unit commander will notify TAG-WV, ATTN: WVAR-PO-P in all instances regarding a lost or stolen state duty check. Minimum information required is payee, date of check, check serial

number, amount of check and circumstances involving the loss.

b. TAG-WV will notify the Governor's Office of the loss and request that a new check be issued to the individual(s) concerned.

FOR THE GOVERNOR:


JOSEPH H. SKAFF
Major General, WVARNG
The Adjutant General

DISTRIBUTION:

"A"

Figures:

- 1--AGO Form 60 (Voucher)
- 2--AGO Form 60-1 (Itemized Invoice)
- 3--AGO Form 2139 (Payroll Form)
- 4--State Duty Pay and Allowances Chart
- 5--In-State Expenses Account (Form WV-6)
- 6--POL Purchases Samples (AGO Form 108)
- 7--AGO Form 358-2R (Monthly Report of Petroleum Usage)
- 8--WC Form 123 (Workmen's Compensation Report)
- 9--Sample After Action Report for Minor Events
- 10--Sample After Action Report for Major Events

NOTE: Preparation Instruction - AGO Form 2139

1. List personnel on the payroll alphabetically by rank. Federal and State Income taxes are not withheld from state duty pay. Therefore, personnel single with no dependents must enter "S-O" to ensure that the correct quarters allowance is used.
2. **JOHNSON** - Individual is married, entitled to special flight pay, basic, quarters with dependents and subsistence. (Subsistence was not provided at no cost to individual by other sources and a claim for reimbursement is not being submitted on Form W-6.)
3. **JONES** - Individual was not on duty for the full pay period. Indicate the dates when the tour of duty is different from the inclusive dates of the payroll. The individual entitled to basic pay and quarters allowance (married with dependents). Subsistence was provided at no cost to the individual. (Do not claim the daily subsistence rate in the subsistence column.
4. **PAUL** - Individual is entitled to quarters with dependents (Legal dependent child) (S-1), and entitled to full pay and allowance for the full pay period.
5. **SMITH** - Individual was on duty 6 days with entitlement to basic pay and quarters allowance. Quarters was authorized at the rate without dependents for 31 Oct - 5 Nov 91. On 6 November 1991 the individual was entitled to full pay and allowance (basic pay, quarters w/o dependents and subsistence).
6. When an individual has been authorized to purchase all meals, the cost may not be entered on the payroll, but must be claimed on Form WV-6. Make no entries in the subsistence column.
7. When subsistence is provided by local contract, unit preparation, any volunteer agency, or if reimbursement is claimed on Form WV-6, the daily subsistence rate **CANNOT BE CLAIMED ON THE PAYROLL.**
8. The total number of days will be reflected in the sub-total column at the bottom of each page with the grand total of all days reflected on the last page of the payroll.
9. The total pay due on each page will be reflected in the sub-total at the bottom of each page and the grand total for all pages entered on the last page of the payroll.
10. **ENSURE ALL PAY AND ALLOWANCES ARE TAKEN FROM THE CURRENT PAY RATE SCALE.**
11. All payrolls will be forwarded through the unit's major headquarters. Major headquarters will check for accuracy prior to submitting the payroll to TAG-WV, ATTN: WVAR-PO-P for payment.

FORM WV-6, PREPARATION INSTRUCTIONS CONTINUED

STATE ACTIVE DUTY PAY RATES EFFECTIVE 1 JANUARY 1992

PAY SCALE	UNDER 2	OVER 2	3	4	6	8	10	12	14	16	18	20	22	26
O-8	171.72	176.87	181.06	181.06	181.06	194.55	194.55	203.75	203.75	212.23	221.45	229.94	235.61	---
O-7	142.68	152.38	152.38	152.38	159.22	159.22	168.45	168.45	176.87	194.55	207.94	---	---	---
O-6	105.76	116.19	123.81	123.81	123.81	123.81	123.81	123.81	128.01	148.25	155.82	159.22	168.45	182.69
O-5	84.58	99.31	106.18	106.18	106.18	106.18	109.39	115.28	123.01	132.22	139.79	144.03	149.06	---
O-4	71.29	86.82	92.61	92.61	94.33	98.49	105.21	111.12	116.19	121.29	124.64	---	---	---
O-3	66.25	74.08	79.19	87.62	91.81	95.10	100.25	105.21	107.79	---	---	---	---	---
O-2	57.77	63.09	75.81	78.35	79.98	---	---	---	---	---	---	---	---	---
O-1	50.16	52.21	63.09	---	---	---	---	---	---	---	---	---	---	---
O-3E	---	---	---	87.62	91.81	95.10	100.25	105.21	109.39	---	---	---	---	---
O-2E	---	---	---	78.35	79.98	82.52	86.82	90.14	92.61	---	---	---	---	---
O-1E	---	---	---	63.09	67.41	69.89	72.42	74.94	78.35	---	---	---	---	---
W-4	67.50	72.42	72.42	74.08	77.44	80.86	84.25	90.14	94.33	97.64	100.25	103.49	106.95	115.28
W-3	61.35	66.55	66.55	67.41	68.19	73.18	77.44	79.98	82.52	84.98	87.62	91.03	94.33	97.64
W-2	53.73	58.13	58.13	59.83	63.09	66.55	69.07	71.61	74.08	76.68	79.19	81.69	84.98	---
W-1	44.76	51.33	51.33	55.61	58.13	60.63	63.09	65.70	68.19	70.73	73.18	75.81	---	---
E-9	---	---	---	---	---	8	10	12	14	16	18	20	22	26
E-8	---	---	---	---	---	---	78.53	80.29	82.11	83.99	85.87	87.54	92.13	101.09
E-7	45.97	49.63	51.47	53.27	55.08	56.84	67.73	69.52	71.32	73.21	74.89	76.73	81.23	90.28
E-6	40.00	43.11	44.91	46.82	48.57	50.32	52.17	54.86	56.58	58.41	59.30	---	---	---
E-5	40.00	40.00	40.00	41.34	44.06	45.85	47.67	49.42	50.32	---	---	---	---	---
E-4	40.00	40.00	40.00	40.00	40.54	---	---	---	---	---	---	---	---	---
E-3	40.00	---	---	---	---	---	---	---	---	---	---	---	---	---
E-2	40.00	---	---	---	---	---	---	---	---	---	---	---	---	---
E-1	40.00	---	---	---	---	---	---	---	---	---	---	---	---	---
BAQ	W/D	WO/D	BAQ	W/D	WO/D	BAQ	W/D	WO/D						
O-8	28.27	22.98	O-3E	19.24	16.28	E-9	18.37	13.94						
O-7	28.27	22.98	O-2E	17.36	13.84	E-8	16.93	12.81						
O-6	25.47	21.08	O-1E	16.04	11.90	E-7	15.73	10.93						
O-5	24.54	20.30				E-6	14.54	9.89						
O-4	21.64	18.81	W-4	19.14	16.97	E-5	13.07	9.12						
O-3	17.91	15.08	W-3	17.55	14.26	E-4	11.37	7.94						
O-2	15.29	11.96	W-2	16.14	12.66	E-3	10.58	7.79						
O-1	13.66	10.07	W-1	13.96	10.61	E-2	10.07	6.34						
						E-1	10.07	5.63						

SUBSISTENCE RATE: 9.59 per day when subsistence not furnished or otherwise paid.

FIGURE 4

FORM WV-6, PREPARATION INSTRUCTIONS CONTINUED

1. When authorization has been given to travel by personal car in connection with State Duty, mileage will be paid at the rate of twenty-three cents (\$0.23) per mile.
2. Meal allowance cost will be limited to twenty-five dollars (\$25.00) for each full day of travel. Authorized rates are: Breakfast \$5.00, Lunch \$5.00, and Dinner \$15.00.

Meals are authorized based on the following:

DAY OF DEPARTURE. IF DEPARTURE IS:

Prior to 0700 - full allowance
Prior to 1200 - lunch and dinner
Prior to 1800 - Dinner only

DAY OF RETURN. IF RETURN IS:

Prior to 0700 - no meal allowance
Prior to 1200 - breakfast only
Prior to 1800 - breakfast and lunch
After 1800 - full allowance

3. Enter one of the following statements on Form WV-6:

- a. To claim subsistence for the full day (\$25.00).

"I certify that I departed my official headquarters more than 2 hours prior to the starting time of the normal duty hours and I returned to my official headquarters more than 2 hours after the end of the normal duty hours."

- b. To claim subsistence for a partial day (1 Meal).

"I certify that I was away from my official headquarters and was on duty more than 2 hours in excess of the normal duty day."

4. Attach the original copies of all receipts.

If overnight lodging is involved with the travel and is being billed separate from this claim, enter the following statement.

"Lodging for this period is being billed separately on a state purchase voucher." (Attach a copy of the voucher).

5. OTHER EXPENSES.

All items claimed as other expenses must be identified and receipts must be obtained whenever possible.

Ensure the form is signed by the commander and individual submitting the request for reimbursement for personal expenses.

IN-STATE TRAVEL EXPENSE ACCOUNT

STATE OF WEST VIRGINIA

WV-6 (10-81)

Account No.:

Name:

Title:

Official Headquarters: HHT, 1st Sqnd, 150th AC, Bluefield, WV 24701-9999

JAMES, JOSEPH I

MSG

Mode of Transportation: (NOTE - PA if authorized and Military Vehicle not available)
 Personal Auto Commercial Airline State Auto License No. Other

Purpose of Travel: Example: State Emergency Fire Fighting Duty - Fall 1991

Date	From	To	Mile- age	Amount		Hotel		Meals		Other Expense		Total
				(3)		(4)		(5)		(6)		
4 Nov	CHARLESTON - CLARKSBURG		110	22	00	37	50	14	20	2	00	75.74
<p>DATE OF EXPENSE/ACTIVITY</p> <p>(1) Departed from - to Destination.</p> <p>(2) Total miles</p> <p>(3) Total cost for mileage</p> <p>(4) Hotel cost - must have:</p> <p>(a) Persons name, room number, number of persons to room, date of use on invoice.</p> <p>(b) Statement will be made out to the individual and not to State of WV.</p> <p>(5) Meals - Receipts will show on front of receipt type of meal e.g, breakfast, lunch, or dinner. On reverse side individual will sign, date and enter unit of assignment.</p> <p>(6) Turnpike Fees. Receipts will have individuals name, date, and unit of assignment.</p> <p>(7) Daily total per entry.</p> <p>Additional instructions: Paragraph 13b. WVMR 37-27. etc 18 Jul 84.</p> <p>NOTE: WV-6 is a 5 part set. DO NOT SEPARATE. SUBMIT ALL 5 COPIES.</p> <p>(SEE CONTINUATION SHEET ATTACHED)</p>												
TOTALS												\$75.74

EXAMPLE

I certify that the costs incurred were in connection with my assigned duties, are true and accurate and do not involve any costs or expenses incurred or paid by anyone else or reimbursed from any other source. (signature of claimant)

Joseph J James
 Employee

I certify that I have personally examined this statement. The items of expense herein agree with reports of work performed, and the amounts charged are not excessive. The mode of transportation was necessary and the most direct and practical route used. (Signature of commander)

Johnnie L Smith CPT, etc.
 Chief of Division, or Section

FIGURE 5



West Virginia
WORKMEN'S COMPENSATION FUND

Questions? Call our toll-free line
1-800-642-9091

- REPORT OF OCCUPATIONAL INJURY -

- This form has three (3) sections. Please follow Steps 1 - 5 to insure prompt reporting of the injury to the Workmen's Compensation Fund.
- Step 1 - INJURED WORKER: Complete Section I and deliver all copies of the form intact to your attending physician.
 - Step 2 - PHYSICIAN: Complete Section II and tear off the gold copy for your records. Return the remaining copies to the injured worker.
 - Step 3 - INJURED WORKER: After your physician has completed Section II and returned the form to you, deliver the form to your employer and have your employer acknowledge receipt of Sections I and II and be sure the claimant has the pink copy for his/her records. Complete Section III, tear off the yellow copy for your records and forward the white original to the Workmen's Compensation Fund, P.O. Box 3151, Charleston, West Virginia 25332, within 5 days as required by law.
 - Step 4 - EMPLOYER: Acknowledge receipt of Sections I and II and be sure the claimant has the pink copy for his/her records. Complete Section III, tear off the yellow copy for your records and forward the white original to the Workmen's Compensation Fund, P.O. Box 3151, Charleston, West Virginia 25332, within 5 days as required by law.
 - Step 5 - INJURED WORKER: If you have not heard from the Commissioner within 14 days of the date you gave the form to your employer, you should send your copy to the Workmen's Compensation Fund at the address given in Step 4.

WC-123 Rev. 2-4-81

SECTION I - - TO BE COMPLETED BY THE INJURED WORKER (Please print with a ball-point pen or type)

1. Claimant's Full Name _____		3. Date & Time of Injury / / _____ (AM <input type="checkbox"/> PM <input type="checkbox"/>)	
2. Claimant's Social Security No. _____		5. Claimant's Telephone Number _____	
4. Claimant's Address (Street or PO Box) _____ City _____ State _____ Zip Code _____			
6. Date of Birth month / day / year _____	7. Male <input type="checkbox"/> Female <input type="checkbox"/>	8. Marital Status _____	9. County in Which You Live _____
10. Occupation _____			
11. Time You Began Work on the Day You Were Injured _____ (AM <input type="checkbox"/> PM <input type="checkbox"/>)		12. Date & Time You Stopped Work Due to This Injury month / day / year _____ (AM <input type="checkbox"/> PM <input type="checkbox"/>)	
13. Date You Returned to Work month / day / year _____	14. Date You First Went to Doctor/Hospital month / day / year _____	15. Are You Still Under a Doctor's Care? Yes <input type="checkbox"/> No <input type="checkbox"/>	16. Name & Address of Doctor/Hospital Where You Were First Treated _____
17. Describe Exact Nature of Injury and Specific Part(s) of Body Affected: _____			
18. How Did Injury Occur? (Be specific -- describe the events and objects involved.) _____			
19. Business Name & Address of Employer HHT, 1st Sqdn, 150th AC Bluefield, WV 24701		FOR OFFICIAL USE ONLY ICDA _____ COUNTY _____ OCCUPATION _____ NATURE _____ TYPE _____ BODY _____ SOURCE _____ FISK _____ AGENT _____	
20. Did Injury Occur on Employer's Property? Yes <input type="checkbox"/> No <input type="checkbox"/> If No, Where? _____			
21. What Was Your Daily Rate of Pay on the Date You Were Injured? \$ _____		22. List Name(s) of Witness(es) (if any) to Your Accident. _____	
23. Are You Presently Receiving Workmen's Compensation Benefits? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give claim number(s). _____			
24. I certify the above statements are true and correct. By signing this application, I authorize the West Virginia Workmen's Compensation Fund to examine any medical, hospital or other records pertaining to this injury and any condition for which I have previously received medical attention; and, I acknowledge the provisions of Code 23-4-7 providing authorization for release of medical information by a physician to my employer or employer representative.			
Claimant's Signature _____		Date _____	

SECTION II - - TO BE COMPLETED BY THE ATTENDING PHYSICIAN (Please print with a ball-point pen or type)

1. Physician's Name and Address _____		2. Physician's Telephone No. _____	
		3. Physician's FEIN _____	
4. Type of Claim <input type="checkbox"/> Occupational Injury <input type="checkbox"/> Occupational Disease <input type="checkbox"/> Non-Occupational Condition		5. Diagnosis Code (ICDA) and Description: _____	
6. Type of Injury (fracture, burn, etc.) and Specific Part of Body Injured/Affected _____		7. Is Condition Result of Occupational Injury or Disease? Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Date Claimant Stopped Work Due to Injury month / day / year _____
			9. Date of First Treatment month / day / year _____
10. Anticipated Period of Unability (Do not answer undetermined, indefinite or unknown) <input type="checkbox"/> Less than 4 days <input type="checkbox"/> 2 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 2 months <input type="checkbox"/> 1 week <input type="checkbox"/> 3 weeks <input type="checkbox"/> 6 weeks <input type="checkbox"/> 3 months or more		11. Date Claimant Was (Will Be) Able to Return to Work Month / day / year _____	12. Will Claimant Need Physical or Vocational Rehabilitation? Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Does the Claimant Have A Chronic Disease Which, In Your Opinion, May Retard Recovery From This Injury? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain: _____		14. Did the Claimant, To Your Knowledge, Have Any Disability Before this Injury Occurred? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____	
15. Was Claimant Referred To You By Another Physician? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name and address of physician _____		16. Have You Referred Claimant To Another Physician? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name and address of physician _____	
		17. Was Claimant Hospitalized Due to This Injury? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name and address of hospital _____	
18. I certify the information provided in Section II is, to the best of my knowledge, true and correct. _____ Physician's Signature _____ Date _____			

Employer please sign here as acknowledgement of receipt of Sections I and II. _____ Date _____

SECTION III - - TO BE COMPLETED BY THE EMPLOYER (Please print with a ball-point pen or type)

1. Employer's Name & Address _____		2. Name & Address of Operation Where Accident Occurred _____	
3. County Where Accident Occurred _____		5. Risk No. _____ Class No. _____ Phone No. _____	
4. Employer's FEIN _____			
6. Please Provide the Following Wage Information For the Injured Employee: \$ _____ Daily Rate of Pay \$ _____ 60 Days Prior to Date of Injury \$ _____ 180 Days Prior to Date of Injury \$ _____ 365 Days Prior to Date of Injury			
7. Do You Disagree With Any of the Information Provided in Section I? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain specifically, indicating the information with which you disagree _____		8. Do You Have Any Reason to Question This Injury? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Explain. _____	
9. Is Employee Owner or Part Owner of Business? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Do You Include His/Her Wages On Your Quarterly Payroll Report? Yes <input type="checkbox"/> No <input type="checkbox"/>			
10. How Long Would You Estimate the Employee Will Be Off From Work Due To This Injury? <input type="checkbox"/> No Lost Time <input type="checkbox"/> Less than 4 days <input type="checkbox"/> 1 week		Date Employee Returned to Work mo / day / yr _____	
11. I certify the information provided in Section III is, to the best of my knowledge, true and correct. _____ Title _____ Date _____			

SAMPLE AFTER ACTION REPORT FOR MINOR EMERGENCY MISSIONS

(UNIT HEADING)

(DATE)

SUBJECT: AFTER ACTION REPORT, (EVENT TITLE), (INCLUSIVE DATES)

The Adjutant General - West Virginia
ATTN: WVAR-PO-P
1701 Coonskin Drive
Charleston, West Virginia 25311-1085

MISSION: (SD event, such as, "Search and Rescue" or "Water Trailer")

DATE(S): Effective (date-time put on SD) Completed (date-time mission completed)

LOCATION: City of Hacker Valley, County of Webster

NUMBER of TROOPS: ARNG 3 ANG 0

MANDAYS USED: 6

EQUIPMENT USED: 1 UH-1 Helicopter
Flying Hours:
Cost: Fuel \$270.00
Parts: 0

(Note: Separate aircraft costs and flying hours from other equipment costs).

APPROXIMATE COST: \$924.56

(Note: Include all costs related to SD event)

COMMENT: Search and rescue operation for 7-year old child in the vicinity of Holley River State Park. child located safe and well.

(SIGNATURE BLOCK OF COMMANDER)

NOTE: This format is for use in minor scale emergency reports that do not involve more than twenty-five (25) personnel per day, do not involve hazardous material accidents, or terrorist activities. See Fig 10 for expanded format.

SUBJECT: After Action Report (RCS-98) (Event, County, WV) (Inclusive Dates)

TAG-WV
ATTN: WVAR-PO-P
1701 Coonskin Drive
Charleston, West Virginia 25311-1085

1. GENERAL:

- a. Type Emergency: (Note: Include location by city, county and state)
- b. Inclusive Dates: (Note: Use time-date group)
- c. Scope of Emergency. (Note: Indicate percentage of total unit or organization called to state active duty.)

2. Operations.

a. Strength. (Note: WVARNG and/or WVANG strength of called forces will be reported for each day of duty. The report will be in columnar form as follows:)

<u>DATE</u>	<u>ORG/UNIT</u>	<u>SVC</u>	<u>OFF</u>	<u>WO</u>	<u>EP</u>	<u>AGG</u>	<u>STATUS</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TOTALS

b. Operations Summary. (Note: Chronology of significant events in phases as follows:)

- (1) Planning/Alert
- (2) Execution
- (3) Post Operations

c. Communications.

d. Training. (Note: Evaluation of the effectiveness of training conducted prior to the occurrence of this incident.)

3. ADMINISTRATION.

- a. Public Affairs.
- b. Special Services.
- c. Morale and Discipline.
- d. Casualties.

4. LOGISITCS/EQUIPMENT.

(Special equipment and supplies used and source of issue.)

5. COSTS.

(Total costs of subsistence, personnel pay, and medical treatment.)

6. PROBLEMS.

- a. Personnel
- b. Intelligence
- c. Operations
- d. Organization
- e. Training
- f. Logistics
- g. Communications
- h. Material
- i. Other

7. LESSONS LEARNED

(Include any special organization and new tactics developed.)

8. RECOMMEDNATIONS

Commander's Signature Block

Encl
Gasoline & Diesel Report